

MIDWIFERY ADVISORY COMMITTEE
MEETING MINUTES
May 13, 2003

COMMITTEE MEMBERS

PRESENT: Marijke van Roojen, LM
Leslie Gesner, LM

MIDWIFERY PROGRAM

STAFF PRESENT: Paula Meyer, Executive Director
Kendra Pitzler, Program Manager

OTHER DOH STAFF

PRESENT: Ron Weaver, Assistant Secretary,
Health Services Quality Assurance
Mary Dale, Health Professions Quality
Assurance Division
Jeanette Zaichkin, Maternal & Child Health
George Heye, MD, Medical Quality Assurance
Commission Staff
Tim Fuller, Board of Pharmacy Staff
Michael Johnson, Facilities and Services
Licensing Staff

OTHERS PRESENT:

Nancy Spencer, LM
Laura Hamilton, LM
Debra O'Conner
Jessica Timmons
Shaheeda Pierce, LM
Amanda Feldmann, LM

OPEN SESSION:

1. Call to Order

The meeting was called to order at 10:30 a.m.

1.1. Approval of Agenda

The Agenda was adopted as written.

1.2. Approval of Minutes - March 4, 2003

Minutes of the March 4, 2003 meeting were reviewed.

There was strong concern that discussion relating to the standards of care document did not represent all sides of this discussion. There was also concern regarding a May 5, 2003 e-mail from Kendra Pitzler to Jeanette Zaichkin of the Perinatal Advisory Committee which related to the same matter.

Both the minutes and the e-mail reflected the Department's stated intention not to adopt the Standard of Care document developed by the Midwives Association but to instead go forward to develop rules that would be more specific. The minutes and the e-mail did not reflect the strong opposition by the Midwifery Advisory Committee members or that this was neither the conclusion nor stated decision by the Midwifery Advisory Committee.

After discussion, changes were suggested and the minutes were approved as revised. It was agreed that in the future, the minutes would be sent in advance of the meetings so that members could have input into their content.

2. Midwifery Budget

Paula Meyer reported on the midwifery budget as of March, 2003. Due to examination fees and midwifery fines received, the deficit was not as bad as expected. However, there was still a deficit that was expected to grow by the end of the biennium. Due to this deficit, the Department plans to go forward with an I-601 exemption and raise fees to cover the costs of the program.

Committee members again asked about having a midwife (committee member or otherwise) at case management meetings. Ron Weaver, Health Services Quality Assurance, explained the case management process across professions and indicated that unless a profession has a board or commission, a member of the profession does not currently attend. An advisory committee member reviews midwifery complaints and the recommendations of this review are brought forward to the case management team.

Mr. Weaver also went on to explain the law which requires each profession to recover the costs of doing business and that if costs can't be recovered; the Department always looks at ways to do "better business". The midwifery program has implemented many new processes in the last few years in order to reduce costs but the fee increase is still necessary. Marijke van Roojen indicated that raising fees was a "dead-end road" because spiraling costs to midwives will result in reduced numbers of midwives, especially those in low volume practices, thereby necessitating further fee increases until midwives can not afford to be licensed or regulated. She asked if there was a commitment on the part of the Department for continued licensure and regulation of midwives. Ron Weaver answered, "yes, absolutely". Ms. van Roojen requested that the Department of Health evaluate the need for fee increases based upon a sustainable five to ten year plan versus a short term budget fix. She requested that the Department of Health and midwives and other interested parties meet to continue the dialogue initiated after I695 in order to brainstorm and look at creative options for costs savings and program survival.

Mr. Weaver indicated that there might be legislative options but that those would need to be pursued by the midwifery profession. He indicated that the Department would call for a meeting between the Department and Midwifery Stakeholder. This would not be a meeting of the Midwifery Advisory Committee but a meeting for Department representatives to meet with representatives of the advisory committee, the three midwifery organizations, midwifery schools and other organized stakeholders. Discussion will focus on brainstorming options that can be taken so that the Department will not have to continue this cycle of raising fees.

3. Standards of Practice

The Committee began discussion of the standards of practice rules. Nancy Spencer, LM, Professional Midwives Association (PMA) shared and spoke about the Coordinated Quality Improvement Program that this group has developed and is using. Members of this group are interdisciplinary and include a variety of health care professionals as well as four licensed midwives and a certified nurse midwife. The group was kept small so that there could be cooperation between members. Ms. Spencer indicated that she would advocate this approach for groups of midwives all over the state.

Ms. Spencer shared that the PMA document includes practice parameters that describe conditions for consultation, co-management or referral to a physician. All members must comply with these parameters. Ms. Spencer indicated that being restrictive in these areas allows for better safety and health of mothers and babies and reduces incidents of adverse outcomes. She indicated that she would support these types of parameters as a licensure requirement.

Ms. van Roojen indicated that she was disappointed that this document had not been shared with the Midwives Association of Washington State (MAWS) even though they had requested a copy. She stated that MAWS had undertaken a very similar program but had striven for a consensus document to increase participation among midwives statewide. She outlined the difference between a program that reflects the standards of practice for midwifery as a whole in Washington State as reflected in the MAWS QA Program and other documents versus a document agreed to by only four direct entry midwives. Ms. van Roojen also submitted for committee review the recently revised (August 2, 2002) MAWS document: Indications for Consultation in an Out-of-hospital Midwifery Practice per a request from MAWS to do so. Ms. van Roojen requested that Ms. Spencer provide a copy of her program for midwives to review. Ms. Spencer agreed and provided a copy that was further copied and distributed to Midwifery Advisory Committee members, with permission to disseminate further.

Further discussion followed. Paula Meyer indicated that the midwifery law defines midwifery as providing "medical aide" to a woman during prenatal, intrapartum and postpartum periods and also stated that a midwife must consult when there are "significant deviations from normal" but that the law does not define these terms. She stated that the thought these could be defined in rule. After further conversation, the meeting was adjourned for lunch.

When the meeting was re-adjourned after lunch, members of the Midwifery Advisory Committee restated their concern that information had been disseminated from the Department of Health to the Perinatal Advisory Committee indicating that the Department of Health would be going forward to develop standards revised last year by the Midwives Association of Washington State (MAWS) in response to Department of Health desire for such a document. This document was developed through an extensive state-wide stakeholder process and was presented to stakeholders through video conferencing facilitated by the Department of Health.

Members of the Midwifery Advisory Committee indicated that at the March meeting they had not understood this to be the situation. They also indicated that the MAWS document was based on a nationally recognized definition across all professions of the term, "Standards of Practice" and questioned if the Department had legislative authority to go forward with rules that define "medical aide", "significant deviations from normal" or in any way defined when consultation, co-management or referral was required.

After lengthy discussion, it was agreed that there would be another meeting in June with two main objectives. The first objective is to review the laws and rules adopted by other states that may begin to address the Department's concerns. The second objective is to approach the dialogue regarding standards from a needs perspective versus a solution based dialogue. Mutual needs for safety of the public, reduction of cost of regulation, improved guidance through standards and guidelines for investigators, and survivability of the midwifery license and program were identified to guide the discussion. It was decided that this meeting would be scheduled for June 10, 2003 or June 12, 2003. Kendra Pitzler will check with the other Midwifery Advisory Committee members to determine which date is best. Marijke asked that no activity within the Department of Health be initiated in the meantime without the input of midwives or between meetings. Ms. Meyer stated that she could not commit to this.

4. Legend Drugs and Devices

Kendra Pitzler indicated that some of the notes from the March, 2003 meeting pertaining to the language for the legend drugs and devices rules taken from the last meeting had been lost when the midwifery program relocated to a new office. An older draft with some of the newer changes was given to the Committee members for review. Ms. Pitzler recalled that discussion had centered on changing the word "pending". Therefore, this language was also changed and presented to the Committee for review.

Ms. van Roojen indicated that she believes that she has notes at home and would provide that to staff so that the draft could be corrected. Tim Fuller of the Pharmacy board asked to use the reviewed draft document for a pharmacy board meeting the following day. Ms. van Roojen agreed to send him her draft notes/edits for use at that meeting by the morning. The discussion regarding legend drugs and devices was tabled until the next regular Midwifery Advisory Committee Meeting.

However, one more issue was presented by Ms. Pitzler. She indicated that she felt moving forward with these rules would be even more important because of this issue.

A representative from Facility and Services Licensing (FSL), a division within the Department of Health had e-mailed Ms. Pitzler with a question regarding standing orders. FSL is the regulatory entity with regards to Birthing Centers. During site-visits of birthing centers, FSL has noticed that some midwives have standing orders from physicians. These standing orders indicate that the midwife can obtain and administer certain drugs if the standing orders protocols are followed. These protocols may include indications for use, indications for consulting with the physician and indications for transfer and/or transport.

Ms. Pitzler asked for an informal opinion for the assistant attorney general (AAG) regarding this matter. The AAG was concerned regarding the use of standing orders and the fact that the midwifery law allows midwives to administer drugs "prescribed" by a physician. The AAG also indicated that the definition of the word "prescribe" implies a patient/physician relationship. Standing orders are not generally prescribed by the physician for a specific patient.

George Heye, Medical Consultant for the Medical Quality Assurance Commission, commented that standing orders were a complex legal issue that the Commission had grappled with in their own meetings. He stated that they were in common use, without apparent problems and that the Commission had steered away from defining further or limiting their use. The Midwifery Advisory Committee asked that Ms. Pitzler relay this back the AAG for further consideration given precedent in other venues. Ms. Pitzler asked that in the meantime, midwives be informed of the AAG's current opinion.

5. 2003 Meeting Dates

The Committee scheduled a meeting date for either June 10, 2003 or June 12, 2003 to address specific items related to Standards of Practice. In addition, a meeting was also scheduled for September 16, 2003.

6. Midwifery Education Accreditation Council's (MEAC) Accreditation

Leslie Gesner stated that she had reviewed the MEAC guidelines for accreditation. She indicated that she was impressed by the work that they had done and would recommend that the Department adopt rules to accept MEAC accredited schools. However, she could not recommend which Washington state requirements were higher than MEAC. These requirements would have to be met for those midwives graduating from MEAC accredited schools to obtain licensure in Washington. It was determined that Ms. Gesner and Ms. Martin will report back regarding these requirements at the next meeting.

7. Rules Pertaining to Credit for Educational Requirements

This discussion was tabled until the September, 2003 meeting.

8. Drafting the Washington Add-on Examination

This discussion was tabled until the September, 2003 meeting.

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ADJOURNMENT: The meeting was adjourned at 4:40 p.m. Minutes prepared by Kendra Pitzler, Program Manager.